Results: 103 patients were surveyed and 65 have responded. 14 patients(22%) were treated conservatively, 23(35%) had radiological intervention, 4(6%) had combined radiological and surgical treatment, 9(14%) underwent bypass surgery and 15(23%) had a major amputation. Only 13 patients(20%) reported improvement in their daily activity following the treatment and in 33(50.8%) their activity remained unchanged. Overall, 55 patients(85%) were satisfied with treatment they had received. When comparing non-amputees to amputees, there was no statistically significant difference between the satisfaction scores in the two groups(84% vs 87%; p 0.6714).
Conclusions: Majority of the patients were satisfied with the treatment. Therefore pain relief, not an improvement in functional status, seems to be a major feature contributing to patient satisfaction following the CLI treatment and amputees are not less satisfied than non-amputees.

0782: TEN YEAR EXPERIENCE OF MANAGING RAAA IN A DGH

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The relative merits of repairing abdominal aortic aneurysms (AAA) in district hospital have long been debated. This article addresses the issue of outcome of open emergency surgery for RAAA in a local district general Hospital. At least one-half of all AAA repairs in the UK are carried out in district general hospitals.
Methods: Retrospective 10 year data from March 2002 to March 2012 was collected using hospital electronic system; emergency repairs of RAAA were analyzed against mortality.
Results: In ten Year 166 patients were admitted with diagnosis of RAAA. M:F was 4:1,avarge age of 77 years. Average size of the aneurysm was 8.0 cm. 42%(n=71) of the patient had some form of imagining on admission. Out 166 only 104 were operated with Survival rate of 62 %(n=63). 36(21%) were not suitable for operation and 26(15%) were shifted to other trusts.
Conclusion: Mortality rate of 60-90% in England and Wales been reported due to RAAA. Our data suggest survival rate of 60% which is comparable to any vascular unit. With the reforms of vascular units with dedicated vascular services RAAA mortality should go down further. Future impact of these reforms will be interesting to monitor.

0799: VACUUM ASSISTED CLOSURE THERAPY FOR INFECTED GROIN WOUNDS FOLLOWING VASCULAR SURGERY

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Aims: Vacuum assisted closure (VAC) therapy is increasingly used for management of wound infection. We assessed outcomes for infected groin wounds following vascular surgery.
Methods: A case series of 10 patients treated with VAC therapy for groin wound infections following vascular surgical procedures performed May 2010- December 2012 in a tertiary vascular unit. VAC therapy was continuous at 125mmHg, unless graft exposure present.
Results: Mean patient age was 70.8 years. Infection occurred mean 43.9 (median 12) days post-operatively. Szilagyi score was 2 in 70%, score 3 in 30%. Graft exposure was present in 20%. Mean VAC treatment length was 22.6 days, with no incidence of bleeding following application. Complete wound healing was achieved in 80%, recorded mean time to healing 95 days. Mean follow-up was 10.6 months; 3 patients remain under follow-up with one in-patient. One patient required femoral artery ligation with subsequent limb loss. There was one late graft explantation with re-do procedure. Of patients who had prosthetic material in the groin, 67% had favourable outcome. No recorded mortality.
Conclusions: VAC therapy can be a safe and effective treatment modality for treating post-operative groin wound infection in the presence of arterial reconstruction and grafts. Graft explantation is not mandatory.

0839: THE ANGIOSOME MODEL AS AN EFFECTIVE PARADIGM TO IMPROVE CLINICAL OUTCOMES OF INFRA-POPLITEAL REVASCULARIZATION

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Aim: The angiosome concept is based on the selective approach for revascularization of the ischaemic foot, relying on the knowledge of the anatomy of distinct vascular territories (angiosomes). We set out to conduct a systematic literature review and pooled analysis of outcomes of infra-popliteal arterial reconstruction based on the angiosome model of perfusion.
Methods: PubMed was searched for studies comparing outcomes of direct (DR) and indirect (IR) revascularization of the specific anatomic area where the ischaemic ulcer was located. Identified outcomes were transformed into a dichotomous outcome for specific time periods, and overall effect sizes were calculated using fixed/ random effects models.
Results: Seven studies reporting on 1252 limbs (DR, 687; IR, 565) were identified. Wound healing rate was significantly higher in the DR group (odds ratio 2.09, 95% confidence interval 1.51-2.91, $p < 0.001$). Limb salvage was also improved in the DR group at 6 and 12 months following revascularization. Even though amputation-free survival rates were significantly higher in DR limbs at 12 months, overall survival did not differ between the groups at 6 and 12 months of treatment.
Conclusions: The target vessel directly feeding the ischaemic angiosome should be considered when planning infra-popliteal revascularization for critical limb ischaemia.

0887: THE ADEQUACY OF ANTICOAGULATION WITH IV UNFRACTIONATED HEPARIN

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Aim: Heparin is commonly prescribed as an IV unfractionated infusion for venous thromboembolism, patients with mechanical cardiac valves and atrial fibrillation. Our aim was to determine the proportion of time that the APTT was within therapeutic range.
Method: We retrospectively reviewed all adult patients who had IV heparin infusion over an 11 month period. We recorded the duration, APTT results, admitting speciality and indication.
Results: A total of 88 patients were included (52 male) with a median age (range) of 66 years (24 – 93). The median duration (range) of treatment with heparin was 4 days (1 - 15). The APTT was within therapeutic range only 22% of the time, 45% of the time it was sub therapeutic and 33% of the time over therapeutic. There was no significant variation between admission specialties (medicine, general and vascular surgery) or indication.
Conclusion: We have demonstrated that patients on unfractionated heparin infusion do not achieve a desirable APTT 78% of the time. This suggests that they carry an additional risk of developing a thromboembolic event, despite attempted anticoagulation therapy. We recommend that subcutaneous low molecular weight heparin may be safer and more therapeutic and this is the subject of a future study.

0944: MID-TERM FOLLOW UP OF THE FASCIAL CLOSURE TECHNIQUE FOLLOWING EVAR

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Aim: Fascial closure is a minimally invasive closure technique following percutaneous access for EVAR. The aim of this study was to identify the mid-term risk of pseudoaneurysm formation, of which there is an inherent risk, following fascial closure.
Method: Patient, operative and follow up data for prospectively identified fascial closure candidates was recorded on an EVAR database. Recognised follow-up protocols included Duplex and/or CT angiography, which imaged the femoral vessels. Primary outcome measures were the presence of a pseudoaneurysm and their secondary intervention. Secondary outcomes were their size and resolution.
Results: Between Feb 2008 and March 2012 there were 159 attempted facial closures, 144 of which were successful (91%) in 87 patients that underwent EVAR. Eight patients having successful fascial closure